Community Providers Association
Caring for Connecticut.

March 12, 2010
Public Health Committee Public Hearing
HB 5448 – An Act Concerning the Administration of the Department of Developmental Services

Good afternoon. I am Alyssa Goduti, Vice President for Public Policy at the Connecticut Community Providers Association (CCPA). CCPA represents organizations that provide services and supports for people with disabilities and significant needs including children and adults with substance use disorders, mental illness, developmental, and physical disabilities.

Our members provide vital human services to hundreds of thousands of individuals across the state. We provide essential human services that keep people out of emergency rooms, hospitals, emergency shelters and prisons. Our work plays a critical role by serving as the safety net for many of our state's most vulnerable citizens.

We have several comments and questions on HB 5448, An Act Concerning the Administration of the Department of Developmental Services.

1. Why does this bill designate that DDS, as the lead agency, may provide early intervention services?

   The majority of Birth to Three Services are provided through private provider organizations. However, the state does currently operate its own Birth to Three programs in each region, known as Early Connections. These state operated programs are significantly more expensive to run than those in the private sector.

   The Birth to Three System recently diverted all new referrals from its private provider programs to allow for all new referrals to go directly to the state run program, Early Connections. The private provider Birth to Three programs provide the same services at a significantly lower cost than the state run Birth to Three Program. Other states focus on administration of the human service systems and maintain oversight, quality assurance and licensing. There is no need for a state run system of early intervention services when the private provider community has the capacity and the expertise to offer these services. In these difficult economic times, why isn't the state focusing on the most efficient and cost effective means of delivering Birth to Three Services? Why is this language needed to give the Department the statutory right to provide these services?

2. Section 4 (d) references state-wide rates for Early Intervention services. Are these rates meant to apply to private providers and the Early Connections Program in the

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same way? Does that mean that the state level of reimbursement for the state-run program will be at the same level as the reimbursement for private programs?

3. Section 4 (e) references the Department's right to either collect fees or designate a provider to collect fees. The Governor's proposed budget for FY11 removes the incentive for Birth to Three Programs to collect insurance billing revenue. The past practice was to allow providers to maintain 10% of those insurance billing receipts. We anticipate that removing this small incentive will result in reduced insurance collections overall. We recommend earlier this session that the Department consider centralizing all insurance billing for Birth to Three. This could help maximize collections and reduce administrative costs for Birth to Three Programs. We were pleased to hear that the Department is taking this recommendation seriously and hope to work with them to implement this change.

4. In the September 2009 Special Session the Public Health Implementer included language that would increase family monthly fees for Birth to Three by 60%. This increase is already negatively impacting enrollment. Birth to Three is a program that aims at helping families to meet the developmental and health needs of their infants and toddlers who have delays or disabilities. The program has a tremendous impact on the children and families it serves. Most notable, over 50% of the children who participate in Birth to Three do not need special education services by the age of 5. These fee increases are leading to withdrawals and a drop in enrollment, which leads to cost increases for municipalities in their special education budgets when children aren't given the vital early intervention services they need. These cost increases may ultimately end up costing the state more in the long run when children need additional help at age three through local education systems.

   Any significant increase in these fees would mean that many families could no longer participate in this valuable program. When family participation fees were first implemented in 2005, 330 families ended participation in the program. During these difficult economic times when families are struggling to provide for the basic needs of their households, raising family fees for early intervention services by 60% creates a major financial burden for families. This increase is forcing some to make the difficult decision to withdraw from services, not because they don't value the services, but because they simply can't afford the additional costs. Families are focused on the immediate needs of their children. They shouldn't be put into a situation in which they have to prioritize those needs with the value of their children's growth, development and success in the future. These fee increases is harmful to the infant, toddlers and families who may no longer afford these vital services.

As you work through the remaining weeks of this session, we urge you to remember that community providers are a key part of the fiscal solution. We provide alternatives to more costly and restrictive systems of care including institutional care, emergency rooms, inpatient hospital stays and the Corrections and Judicial systems. With adequate funding we can continue to provide high quality health and human services in local communities in a cost effective and efficient way.